



**ace usa**

# **International Advantage**

## **Commercial Insurance Policy Endorsements**

## INTRODUCTION

This (ese) are your commercial insurance policy endorsements. They modify your coverage, please read them carefully. They may also add coverages to your existing policy.

### You, Your, We, Us, and Our

Throughout the policy and applicable endorsements, the terms "you" and "your" mean the person, people, or organization shown as the Named Insured in the Declarations. "We," "us," and "our" mean the insurance company issuing this policy. Besides you, there may be other people "insured" under certain parts of the policy.

### Word in Quotation Marks

Words and phrases that appear in quotation marks have the special meaning given to them in the Section - DEFINITIONS of the coverage form in which they appear.

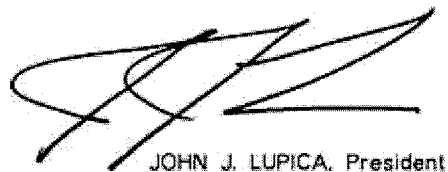
### Insured

The word "insured" means any person or organization qualifying as such under the WHO IS AN INSURED sections of the coverage form in which they appear.

By signing and delivering the endorsement(s) to you, we state that it is a valid contract when counter-signed by our authorized representative.

### ACE AMERICAN INSURANCE COMPANY

  
GEORGE D. MULLIGAN, Secretary

  
JOHN J. LUPICA, President



**ace usa**

Named Insured: STATE OF WASHINGTON

Policy Number: PHFD36835102

Endorsement No.: 032

Effective: March 21, 2012

Policy Year From: March 21, 2012

To: March 21, 2013

Company Name: ACE American Insurance Company

Premium: ☐ Included ☒ \$8,250 Revised Due When Coverage Begins

**INTERNATIONAL ADVANTAGE  
COMMERCIAL INSURANCE RENEWAL DECLARATION**

<u>LINE OF COVERAGE</u>	<u>LIMITS</u>	<u>PREMIUM</u>
COMMERCIAL GENERAL LIABILITY COVERAGE	\$1,000,000 each "occurrence"	
	\$2,000,000 products/completed operations aggregate	
	\$1,000,000 personal & advertising injury aggregate	
	\$1,000,000 premises damage limit (each "occurrence")	
	\$10,000 medical expense limit (any one person)	
CONTINGENT AUTOMOBILE LIABILITY COVERAGE	\$1,000,000 each "accident"	
HIRED AUTO PHYSICAL DAMAGE	\$25,000 each one "accident"	
	\$25,000 each one Policy Period	
EMPLOYEE BENEFITS LIABILITY ENDORSEMENT	\$1,000,000 each claim	
	\$1,000,000 annual aggregate	
EMPLOYERS RESPONSIBILITY		
I. BENEFITS FOR VOLUNTARY COMPENSATION		
North Americans:	NOT COVERED	
Third Country Nationals:	NOT COVERED	
Local Nationals:	NOT COVERED	
II. REPATRIATION	NOT COVERED	each employee
	NOT COVERED	policy limit
EMPLOYERS LIABILITY		
BODILY INJURY BY ACCIDENT	\$1,000,000	Each accident
BODILY INJURY BY DISEASE	\$1,000,000	Each employee
including by "endemic disease"		
BODILY INJURY BY DISEASE	\$1,000,000	Policy limit
including by "endemic disease"		
AD&D	NOT COVERED	
COMMERCIAL PROPERTY	NOT COVERED	
CARGO	NOT COVERED	"personal property" in transit
K&E	NOT COVERED	per cause of loss
<b>TOTAL PREMIUM</b>		<b>\$ 8,250</b>
<b>TOTAL MINIMUM EARNED PREMIUM:</b>		<b>\$ 7,500</b>
<b>PREMIUM AUDIT DOES NOT APPLY</b>		

All other terms and conditions remain unchanged  
Not valid unless countersigned by a duly authorized representative

Wells Fargo Ins. / ABD Ins. and Financial Services

TWO UNION SQUARE  
601 UNION STREET SUITE 1300  
SEATTLE, WA 98101



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Named Insured: STATE OF WASHINGTON

Policy Number: PHFD36835102

**Liberalization**

During the policy year, and any subsequent renewal, we may replace any of the forms with a revised form of the same form number as shown below. You will have the benefit of any changes in coverage in the revised form as though the changes had been part of this policy at the beginning of the policy year in which we first used such form to replace the form of the same number listed below.

This policy consists of the following printed forms:

IT1111	02-2005	Signature Page - Endorsement
IT1336	04-2003	Renewal Certificate without Executive Assistance (Advantage)

MMD 03-22-2012

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